



12340 NE 8 AVE
NORTH MIAMI, FL 33161
PHONE: 305-895-9820 FAX: 305-895-9822
PERMITTING HOURS 7:30-3:00 MON-FRI
WEBSITE: WWW.NORTHMIAMIFL.GOV

Related Permit# _____
(IF APPLICABLE)

☐ After the Fact

OWNER INFORMATION	Job Address _____		CONTRACTOR INFORMATION	Company Name _____		
	Folio number 06 - _____			Qualifier Name _____		
OWNER INFORMATION	Owner name _____		CONTRACTOR INFORMATION	License No _____		
	Owner Address _____			Address _____		
	Tenant Name _____			Phone _____		
	Phone _____			Email _____		
	Email _____			Authorization: I, _____, qualifier,		
	Architect/Engineer _____			authorize, _____ to pick up and		
	Address _____			drop off permit application/plans on my behalf. Authorized		
	E-mail _____			Contact# (____) _____ - _____		
	Contact _____					
	Residential <input type="checkbox"/>			Commercial <input type="checkbox"/>		
PERMIT TYPE (✓)	Building <input type="checkbox"/>	Pool <input type="checkbox"/>	PERMIT CHANGE (✓)	Change of contractor <input type="checkbox"/>	JOB COST/SQ.FT.	Estimated Job Cost _____ Square ft. _____
	Electrical <input type="checkbox"/>	Fence <input type="checkbox"/>		Renewal <input type="checkbox"/>		
PERMIT TYPE (✓)	Mechanical <input type="checkbox"/>	Dock <input type="checkbox"/>	PERMIT CHANGE (✓)	Revision <input type="checkbox"/>	JOB COST/SQ.FT.	
	Plumbing <input type="checkbox"/>	Roof <input type="checkbox"/>		Shop Drawing <input type="checkbox"/>		
	Shed <input type="checkbox"/>	ROW <input type="checkbox"/>		Miscellaneous <input type="checkbox"/>		
	Paint <input type="checkbox"/>	Other <input type="checkbox"/>				
WORK DESCRIPTION						

WARNING TO OWNER: YOUR FAILURE TO RECORD A **NOTICE OF COMMENCEMENT** MAY RESULT IN YOU PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU ARE SPENDING MORE THAN **\$2,500** OR INTEND TO OBTAIN FINANCING, YOU MAY WISH TO CONSULT WITH YOUR ATTORNEY OR LENDER BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. THE NOTICE OF COMMENCEMENT MUST BE **RECORDED AT: 22 N.W. 1ST STREET, 1ST FL (305) 275-1155**. ONCE RECORDED, THE NOTICE OF COMMENCEMENT MUST BE POSTED AT THE JOB SITE IN ACCORDANCE WITH **SECTION 713.35** OF FLORIDA STATUTES. A **BACKFLOW PREVENTION DEVICE** PERMIT AND CERTIFICATION TEST MAY BE REQUIRED IN ACCORDANCE WITH **ORDINANCE #825**. CALL **UTILITY OPERATIONS CENTER AT (305)895-9838** OR VISIT THEIR OFFICE AT **1815 NE 150 ST**.

AFFIDAVIT – PLEASE READ CAREFULLY Application is hereby made to obtain a permit to do work and installation as indicated. I, the OWNER of the property, certify that all work will be performed to meet the standards of all laws regarding construction in the City of North Miami. I understand that separate permits are required for POOL, EXTERIOR DOOR, WINDOW, SHUTTERS, FENCE, DRIVEWAY, ROOFING, and SIGNS. There may be additional permits required from other governmental agencies.

STATE OF FLORIDA, COUNTY OF MIAMI-DADE	
Signature of Owner _____ Sworn to and subscribed before me this _____ day of _____, 20____.	Signature of Qualifier _____ Sworn to and subscribed before me this _____ day of _____, 20____.
SEAL: Signature of Notary Public – State of Florida Personally known__ OR Type of ID: _____ I, _____, owner, authorize _____ to pick up and drop off permits on my behalf.	SEAL: Signature of Notary Public – State of Florida Personally known__ OR Type of ID: _____

OFFICE USE ONLY	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Discipline	Aprvd/Date	Approved/Date
	Zoning		Structural		Mechanical		Engineering		Building
	Landscape		Electrical		Plumbing		Flood		
	PERMIT NUMBER _____ PERMIT FEE _____								
THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.									

SUB-CONTRACTOR APPLICATION FOR CITY OF NORTH MIAMI *MUST BE ACCOMPANIED BY A BUILDING APPLICATION.

**A COPY OF ALL LICENSES AND INSURANCE FROM EACH QUALIFIER MUST BE PROVIDED WITH EACH PERMIT APPLICATION.

PLUMBING CONTRACTOR	Job Address: _____ Apt. _____	
	Company Name: _____	
	Qualifier Name: _____	
	State License No: _____	
	Address: _____	
	Phone: _____	
Email: _____		
Authorized person's contact: #: _____		Related Permit #: _____
I, _____, qualifier, authorize _____ to pick up and drop off permits on my behalf. (YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)		
STATE OF FLORIDA, COUNTY OF MIAMI-DADE		STATE OF FLORIDA, COUNTY OF MIAMI-DADE
_____ Signature of Qualifier Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.		_____ Signature of Owner Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.
_____ Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____		_____ Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____

ELECTRICAL CONTRACTOR	Company Name: _____	
	Qualifier Name: _____	
	State License No: _____	
	Address: _____	
	Phone: _____	
	Email: _____	
Authorized person's contact: #: _____		Related Permit #: _____
I, _____, qualifier, authorize _____ to pick up and drop off permits on my behalf. (YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)		
STATE OF FLORIDA, COUNTY OF MIAMI-DADE		STATE OF FLORIDA, COUNTY OF MIAMI-DADE
_____ Signature of Qualifier Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.		_____ Signature of Owner Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.
_____ SEAL: Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____		_____ SEAL: Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____

MECHANICAL CONTRACTOR	Company Name: _____	
	Qualifier Name: _____	
	State License No: _____	
	Address: _____	
	Phone: _____	
	Email: _____	
Authorized person's contact: #: _____		Related Permit #: _____
I, _____, qualifier, authorize _____ to pick up and drop off permits on my behalf. (YOUR NOTARIZED SIGNATURE BELOW APPROVES AUTHORIZATION)		
STATE OF FLORIDA, COUNTY OF MIAMI-DADE		STATE OF FLORIDA, COUNTY OF MIAMI-DADE
_____ Signature of Qualifier Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.		_____ Signature of Owner Print Name Sworn to and subscribed before me this ____ day of ____ 20 _____.
_____ SEAL: Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____		_____ SEAL: Signature of Notary Public – State of Florida Personally known ____ OR Type of ID: _____